



Atty. Dkt. No. 076326-0274

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Oliver GLINKA
Title: FASTENING DEVICE FOR A
SEAT BELT
Appl. No.: Unassigned
Filing Date: 2/20/2004
Examiner: Unassigned
Art Unit: Unassigned



UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Oliver GLINKA

Enclosed are:

- [X] Application Data Sheet (37 CFR 1.76) (2 pages).
- [X] Specification, Claim(s), and Abstract (12 pages).
- [X] Formal drawings (2 sheets, Figures 1-2).
- [X] Information Disclosure Statement (3 pages).
- [X] Form PTO/SB/08 listing 4 references, submitting only 2 references.

The filing fee is calculated below:

| | Claims as Filed | | Included in Basic Fee | | Extra Claims | | Rate | | Fee Totals |
|---|--------------------|---|-----------------------------|-----|-----------------|--|--|---|---------------|
| Basic Fee | | | | | | | \$770.00 | = | \$770.00 |
| Total | 13 | - | 20 | = 0 | x | | \$18.00 | = | \$0.00 |
| Claims: | | | | | | | | | |
| Independents | 2 | - | 3 | = 0 | x | | \$86.00 | = | \$0.00 |
| : | | | | | | | | | |
| If any Multiple Dependent Claim(s) present: | | | | | + | | \$290.00 | = | \$0.00 |
| Surcharge under 37 CFR 1.16(e) for late filing of | | | | | + | | \$130.00 | = | \$130.00 |
| Executed Declaration and late payment of filing fee | | | | | | | | = | |
| | | | | | | | SUBTOTAL: | = | \$900.00 |
| [] | | | | | | | Small Entity Fees Apply (subtract ½ of above): | = | \$0.00 |
| | | | | | | | TOTAL FILING FEE: | = | \$900.00 |

- [] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

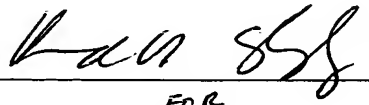
Date: February 20, 2004

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